

Facility Request Form

Request Type _____	Event Type _____
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Requested By _____ Phone _____ Date _____

Name of Course/Meeting _____

GPSTC Course Number _____

Course Coordinator/Contact Person _____		
Start Date _____	End Date _____	
Date Change Requested:	Old Start Date _____	Old End Date _____
Times Needed From _____	To _____	Post/Fire Course Number _____
Sponsoring Agency _____	Credit Hours _____	
Minimum Enrollment _____	Maximum Enrollment _____	Est. # Attending _____
Meals Required	No Yes	Please Provide:
Lodging Requested	No Yes	Billing Preference:

Type of Room/Facility Needed _____

Notes 

Do you anticipate media coverage for this event? No Yes

If yes, who? _____

If you discover after submitting this request that media is expected, please notify Judy Couch at jcouch@gpstc.org.

Return this form along with your proof of insurance to Facilities Coordinator at aeastling@gpstc.org.

<u>OFFICAL USE ONLY</u>	
Space Assigned _____	Calendar Action _____
Recorded By _____	Date _____